

Kimberly School District
2314F Materials Review
Request for Reconsideration of Library or Curricular Learning Materials

TITLE or Description of Learning Material:

Author _____

Publisher _____

Request initiated by (Name) _____

Address _____

City _____

Do you represent (please circle): Self

Organization/Group

Only school patrons can request reconsideration of learning materials. Which school patron are you?
(please circle) Student Staff Parent/Guardian Not a School Patron

Feel free to use additional pages if necessary.

1. To what do you object in the work noted above? (Please be specific) Cite pages, specific scenes, etc. _____

2. Did you read or view the entire work? What parts? _____

3. What do you feel might be the result of reading/viewing this work? _____

4. For what age group would you recommend this work? _____

5. Is there anything good about this material considered as a whole? _____

6. What would you like the library/school to do about this work? _____

Removal from use

Available to children other than your own

Place on a restricted list

Other (explain) _____

7. Comments: _____

SIGNATURE: _____ DATE: _____